

SEPTEMBER 11, 2014

PIES & PINTS LLC
DBA PIES & PINTS
ATTN: JASON ORTMEIER
311 N 8TH ST, SUITE 1
LINCOLN NE 68508

NOTICE OF HEARING ON LIQUOR APPLICATION

**APPLICANT OR DESIGNATED REPRESENTATIVE
IS REQUIRED TO ATTEND THIS HEARING**

Notice is hereby given that the City Council of the City of Lincoln, Nebraska, will hold a hearing in the Council Chambers in the County-City Building of said City, 555 S. 10th St., on MONDAY, SEPTEMBER 22, 2014 AT 3:00 P.M., for the following application of:

PIES & PINTS LLC DBA PIES & PINTS FOR AN OUTDOOR SDL
FOR A BEER GARDEN/FUND RAISER ON 8TH STREET BETWEEN Q AND R STREETS
ON FRIDAY, SEPTEMBER 26TH FROM 5P - 12A

***Please note: Even if you have had this event in the past, you are still required to attend this meeting.**

At said time and place, the City Council will receive competent evidence under oath, either orally or by affidavit, from any person bearing upon the propriety of the issuance of said license as provided by law. Council requires that the applicant or designated representative attend the meeting to answer any possible questions.

SANDY L. DUBAS
DEPUTY CITY CLERK

**APPLICATION FOR SPECIAL
DESIGNATED LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

Fri. Sept. 26

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DO YOU NEED POSTERS? YES ☒ NO ☐

RETAIL LICENSE HOLDERS ☒

NON PROFIT APPLICANTS ☐

Non Profit Status (check one that best applies)

Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

FILED
SEP 05 2014
CITY CLERK'S OFFICE

COMPLETE ALL QUESTIONS

1. Type of alcohol to be served and/or consumed: Beer ☒ Wine ☐ Distilled Spirits ☒

2. Liquor license number and class (i.e. C-55441)
(If you're a nonprofit organization leave blank)

C-093660

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name
(As it reads on your liquor license)

NAME: PIES & PINTS LLC

ADDRESS: 311 N. 8th ST. STE 1

CITY LINCOLN

ZIP 68508

4. Location where event will be held; name, address, city, county, zip code

BUILDING NAME IN STREET IN FRONT OF SULLIVAN BUILDING (8th St)

ADDRESS: 8th and Q to 8th and R ST. CITY LINCOLN

ZIP 68508 COUNTY and COUNTY # LANCASTER

a. Is this location within the city/village limits?

YES ☒ NO ☐

b. Is this location within the 150' of church, school, hospital or home
for aged/indigent or for veterans and/or wives?

YES ☐ NO ☒

c. Is this location within 300' of any university or college campus?

YES ☐ NO ☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>FRIDAY SEP. 26, 2014</u>	Date	Date	Date	Date	Date
Hours	Hours	Hours	Hours	Hours	Hours
From	From	From	From	From	From
<u>5pm</u>					
To	To	To	To	To	To
<u>12 am</u>					

a. Alternate date: N/A

b. Alternate location: N/A
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:

☐ Dance ☐ Reception ☒ Fund Raiser ☒ Beer Garden ☐ Sampling/Tasting

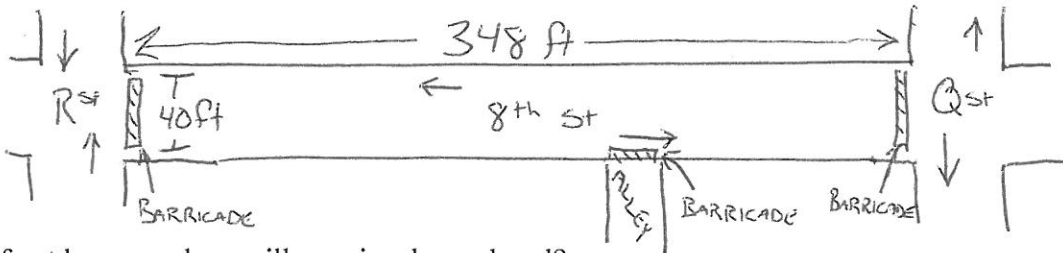
Other _____

7. Description of area to be licensed

Inside building, dimensions of area to be covered **IN FEET** _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered **IN FEET** 348 ft x 40 ft (13,920 Sq Ft Approx)

***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**



If outdoor area, how will premises be enclosed?

___ Fence; ☒ snow fence ☐ chain link ☐ cattle panel
___ Tent ☒ other WOOD STREET BARRICADE 6 FT Tall

8. How many attendees do you expect at event? 300+

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

I.D. check at entrance. Hiring off duty police officers for security.

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

11. **Retailer:** Will you be purchasing your alcohol from a wholesaler? YES ☒ NO ☐
Non-Profit: Where will you be purchasing your alcohol?

Wholesaler _____ Retailer _____ Both _____ BYO _____
(includes wineries)

12. Will there be any games of chance operating during the event? YES ☐ NO ☒

If so, describe activity N/A

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law. There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions: N/A

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor JASON ORTMEIER

Signature of Event Supervisor 

Event Supervisor phone: Before 402-326-6564 During 402-326-6564

Email address swartz-69@hotmail.com

Consent of Authorized Representative/Applicant

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign
here



Authorized Representative/Applicant

Owner Pies & Pints

Title

Date

JASON ORTMEIER

Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

SUPPLEMENTAL FORM

REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event: <u>BENEFIT FOR LINCOLN HOMAGE SOCIETY</u>			
Applicant and Sponsoring Organization or Individual (if applicable): <u>PIES & PINTS LLC</u>			
Date(s) of Event: <u>9/26/14</u>		Hours: <u>5pm to 12 midnight</u>	
Alternate Date(s):		Hours:	

Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: Off duty police officers hired. Private security Wrist bands Permanent marker for minors

Will food be served? ☐ Yes ☒ No If yes, please list food to be served: _____

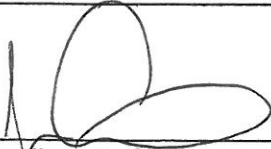
Will non-alcoholic beverages be served: ☒ Yes ☐ No
 If yes, please list non-alcoholic beverages to be served: Pop, Water (Can/Bottle)

Who will serve the beverages containing alcohol? Trained Pies & Pints BAR STAFF
Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No

Will there be a charge for admission? ☒ Yes ☐ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: _____


 Applicant's Signature

9/5/14
 Date

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (3 ' x 3 ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (348 x 40)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

SEE ATTACHED

ATTACH EXTRA PAGES IF NECESSARY

SITE PLAN

NAME OF EVENT: BENEFIT FOR THE LINCOLN HUMANE SOCIETY

Draw a detailed site map placing all tents, activities, portable toilets, gates, cooking equipment & fences, including the approximate sq. ft. area to be used.

